PRESS RELEASE

Erik C. Peterson
United States Attorney
Western District of Wisconsin
(608) 264-5158
TTY (608) 264-5006
www.usdoj.gov/usao/wiw

For Immediate Release

December 8, 2008

Contact Person

Leslie K. Herje
Assistant U.S. Attorney

Madison, Wisconsin -- Erik C. Peterson, United States Attorney for the Western District of Wisconsin, announced today that Dr. Malcolm Brigden, a Canadian citizen and a former resident of Plover, Wis., has agreed to a Voluntary Permanent Exclusion from Medicare and all other federal health care programs, and will pay the United States $30,000 to settle certain civil claims under the False Claims Act.

The Settlement Agreement includes a provision stating that the agreement does not constitute an admission of liability by Dr. Brigden. At the same time, the United States does not concede that its claims are not well founded.

This investigation originally arose in 2004 when Riverview Cancer Center (RCC) self-disclosed to the United States Attorney and the U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG), that it may have submitted improper bills to Medicare on behalf of Dr. Brigden. RCC settled its potential liability with the United States in 2006 for $165,000.

Specifically, the United States asserted that between September 1, 2002, through May 31, 2004, RCC allegedly defrauded Medicare when it submitted billing on behalf of Dr. Brigden for medical services, more specifically office visits, that were not provided

or for a more expensive service than was provided or was medically necessary. This latter practice is commonly referred to as "upcoding." RCC received payment from the Medicare Program for the claims submitted.

The False Claims Act permits the United States to recover up to three times actual damages, plus penalties.

United States Attorney Peterson said, "Medicare, Medicaid, and other Federal health care programs rely on the accurate and truthful reporting of billing information from medical providers. The majority of medical providers take this responsibility seriously. We encourage companies to implement programs to uncover fraud, waste, and abuse, and to self-disclose any potential violations to the federal authorities."

Medicare and Medicaid fraud costs taxpayers millions of dollars each year. The U.S. Attorney's Office Health Care Fraud Unit, in conjunction with federal investigative agencies, vigorously investigates and seeks appropriate sanctions against providers who submit false claims to Medicare, Medicaid, and other federal health care programs.

This case was investigated by the U.S. Attorney's Office Health Care Fraud Unit and HHS-OIG.

# # # #